NOTICE OF APPEAL FROM THE EXAMINER TO THE

BOARD OF PATENT APPEALS AND INTERFERENCES

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Docket Number (Optional)

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| | In re Application of | | | | |
|--|---|----------------------------|---|--|------------|
| OIPE | Thomas SPRECHT et al. | | | | |
| % j. | Application Number | | Filed | | |
| SEP 2 4 2003 4 | 09/673,840 | | March 6, 2001 | | |
| € Mangulate Da | For HUMAN NUCLEIC ACID SEQUENCES OF NORMAL BLADDER TISSUE | | | IORMAL | |
| | Group Art Unit | Examiner | | | |
| | 1634 | 1634 Stephanie W. Zitomer | | | |
| Applicant hereby appeals to the Board of P examiner dated, <u>May 20, 2003</u> , rejecting the fo | | | | on of the | |
| The fee for this Notice of Appeal is (37 CFR 1.17(b)) | | | | \$ <u>320.00</u> . | |
| Applicant claims small entity status. See 37 C is reduced by half, and the resulting fee is: | FR 1.27. Therefore, | the fee shown above | | s | |
| A check in the amount of the fee is enclosed. | | | | | |
| Payment by credit card. Form PTO-2038 is at | teched. | | | | |
| The Commissioner has already been authorize enclosed a duplicate copy of this sheet. | d to charge fees in t | this application to a D | eposit Account. | I have | |
| ☐ The Commissioner is hereby authorized to cha Deposit Account No. 13-3402 . I have enclose | | | edit any overpa | yment to | |
| A petition for an extension of time under 37 CF | R 1.136(a) (PTO/SE | 3/22) is enclosed. | | | |
| WARNING: Information on this form may become form. Provide credit card information and authorized the control of the control o | | 038. | , | | |
| i am the | | Ysics | di Bin | esca | |
| applicant/inventor. | | • | Signature | | |
| assignee of record of the entire interest. See 3 | 7 CFR 3.71. | | | | |
| Statement under 37 CFR 3.73(b) is enclosed. | | | | | |
| attorney or agent of record. | | Nicole E. | Kinsey, Reg. | No. 50,723 | |
| attorney or agent acting under 37 CFR 1.34(a). | Ty | Typed or printed name | | | |
| Registration number if acting under 37 CFR 1.34(a), | _ | _ | | | |
| | | Se | eptember 22, 2 | 2003 | |
| | | | Date | Į. | |
| NOTE: Signatures of all the inventors or assignees of record of the more than one signature is required, see below*. | ne entire interest or thei | r representative(s) are re | quired. Submit mu | dtiple forms if | |
| | | | /01/2003 CDES | CAU 89888881 133 | 402 696738 |
| Burden Hour Statement: This form is estimated to take 0.2 hours to the amount of time you are required to complete this form should be 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS A | e sent to the Chief Info | metion Officer, U.S. Pater | s of the Individual c of and Trademark C | ase. Any comments on office, Weshington, DC | |
| | | 91 | FC:1251 | 110.00 DA | |

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